Fill in this information to identify you	ur case:	
United States Bankruptcy Court for	the:	
Eastern District of New	w York	
Case number (If known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13	☐ Check if this is amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
. Your full name	Mone	
Write the name that is on your government-issued picture	Mary First name	First name
identification (for example, your driver's license or passport).	Middle name	Middle name
unver a license of passporty.	Scotto	
Bring your picture identification to your meeting with the trustee.	Last name	Last name
	Suffix (Sr., Jr, II, III)	Suffix (Sr., Jr, II, III)
. All other names you have		
used in the last 8 years	First name	First name
Include your married or maiden names and any assumed, trade names and <i>doing business as</i>	Middle name	Middle name
names.	Last name	Last name
Do NOT list the name of any		
separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.	Business name (if applicable)	Business name (if applicable)
	Business name (if applicable)	Business name (if applicable)
Only the last 4 digits of your		
Social Security number or	xxx - xx - <u>8</u> <u>2</u> <u>4</u> <u>9</u>	xxx - xx
federal Individual Taxpayer	OR	OR
Identification number		9xx - xx

Deb	otor 1 Mary	Scotto		Case number (if known)				
	First Name	Middle Name Last Name		oo				
		About Debtor 1:	About Deb	otor 2 (Spouse Only in a Joint	Case):			
4.	Your Employer Identification Number (EIN), if any.		 EIN		- <u>-</u>			
			 EIN		_			
5.	Where you live		If Debtor 2	lives at a different address:				
		171 Frame Street						
		Number Street	Number	Street				
		Franklin Square, NY 11010						
		City State 2	P Code City	State	ZIP Code			
		Nassau						
		County	County					
		If your mailing address is different from th fill it in here. Note that the court will send a you at this mailing address.	notices to it in here.	's mailing address is differen Note that the court will send a ling address.				
		Number Street	Number	Street				
		P.O. Box	P.O. Box					
		City State 2	P Code City	State	ZIP Code			
6.	Why you are choosing <i>this</i>	Check one:	Check one	e:				
	district to file for bankruptcy	Over the last 180 days before filing this have lived in this district longer than in a district.	etition, I	he last 180 days before filing t ived in this district longer than :.	this petition, I in any other			
		I have another reason. Explain. (See 28 U.S.C. § 1408)		another reason. Explain. 8 U.S.C. § 1408)				

Debt	or 1 Mary	Scotto	Case number (if known)	
	First Name	Middle Name Last Name		
Part	2: Tell the Court About Yo	ur Bankruptcy Case		
7.	The chapter of the Bankruptcy Code you are choosing to file under		of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for to the top of page 1 and check the appropriate box.	
8.	How you will pay the fee	details about how you may pay check, or money order. If your a credit card or check with a p I need to pay the fee in install to Pay The Filing Fee in Install I request that my fee be waive judge may, but is not required official poverty line that applies	ments. If you choose this option, sign and attach the <i>Application for Individua</i> ments (Official Form 103A). d (You may request this option only if you are filing for Chapter 7. By law, a o, waive your fee, and may do so only if your income is less than 150% of the to your family size and you are unable to pay the fee in installments). If you I out the <i>Application to Have the Chapter 7 Filing Fee Waived</i> (Official Form	r's vith a <i>l</i> s
9.	Have you filed for bankruptcy within the last 8 years?	No. Yes. District Eastern District District District	of New York When MM / DD / YYYY Case number Case number 23-72120 When MM / DD / YYYY Case number When MM / DD / YYYYY Case number MM / DD / YYYYY Case number	
10.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	Yes. Debtor District Debtor District	Relationship to you When Case number, if known MM / DD / YYYY Relationship to you When Case number, if known	
11.	Do you rent your residence?	No. Go to line 12.	ed an eviction judgment against you? atement About an Eviction Judgment Against You (Form 101A) and file it uptcy petition.	

Debtor 1 Mary		Scotto			Case number (if known)				
	First Name	Middle Name	Last Name		(
Part	3: Report About Any Busin	nesses You Own	as a Sole Proprietor						
ı aı ı	13. Report About Arry Bush		<u> </u>						
	Are you a sole proprietor of	☑ No. Go to Par	rt 4.						
	any full- or part-time business?	Yes. Name ar	nd location of business						
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a	Name of busine	ess, if any						
	corporation, partnership, or LLC.	Number	Street						
	If you have more than one sole proprietorship, use a separate sheet and attach it to this								
	petition.	City		State	ZIP Code				
		Check the ap	propriate box to describe you	r business:					
		Health Ca	are Business (as defined in 1	1 U.S.C. § 101(27A)))				
		☐ Single As	sset Real Estate (as defined in	n 11 U.S.C. § 101(5	1B))				
			Stockbroker (as defined in 11 U.S.C. § 101(53A))						
			☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))						
		□ None of t	,	.0.0.3 101(0)/					
		— None or t	ne above						
13.	Are you filing under Chapter 11 of the Bankruptcy Code, and are you a <i>small business debtor</i> or a debtor as defined by 11 U.S. C. § 1182(1)?	proceed under Sudebtor or you are of operations, cas	ubchapter V so that it can set choosing to proceed under S	<i>appropriate deadlin</i> ubchapter V, you m	u are a small business debtor or a debtor choosing to es. If you indicate that you are a small business ust attach your most recent balance sheet, statement or if any of these documents do not exist, follow the				
	For a definition of small business	☑ No. Iam	not filing under Chapter 11.						
	debtor, see 11 U.S.C. § 101(51D).		filing under Chapter 11, but I cruptcy Code.	am NOT a small bu	siness debtor according to the definition in the				
					ebtor according to the definition in the der Subchapter V of Chapter 11.				
			filing under Chapter 11, I am e, and I choose to proceed un		to the definition in § 1182(1) of the Bankruptcy f Chapter 11.				

Debtor 1 Mary	Mary		Scotto	Case number (if known)
	First Name	Middle Name	Last Name	
4· Ren	ort if You Own or Ha	ave Any Hazardo	ous Property or A	Any Property That Needs Immediate Attention
i. Kep	John Tod Own of The	<u> </u>		- Toperty Hat Needs IIIIIIediate Attention
	own or have any	☑ No.		
	that poses or is to pose a threat of	Yes. What is	s the hazard?	
_	it and identifiable		_	
	o public health or		-	
•	Or do you own any that needs immediate		_	
attention?		If imme	ediate attention is ne	needed, why is it needed?
For exam	nple, do you own		_	
	le goods, or livestock t be fed, or a building		_	
	ds urgent repairs?			
			_	
		Where	is the property?	
			N	Number Street
			_	
			_	City State 7IP Code

Debtor 1 Mary First Name		Scotto Middle Name Last Name				Case numbe	er (if known)			
				Last Name						
Par	t 5: Explain Your Efforts to	Rec	ceive a Brief	inç	About Credit Counseling					
15.	Tell the court whether you have received a briefing about credit counseling.	Abo	out Debtor 1:			Abo	out D	ebtor 2 (Spo	use Only in a Joint Case):	
	The law requires that you	Υοι	u must check o	must check one:			mus	at check one:		
	receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so,	Ą	counseling a	gei kru	fing from an approved credit ncy within the 180 days before I uptcy petition, and I received a mpletion.		cou filed	nseling agei	fing from an approved credit ncy within the 180 days before I uptcy petition, and I received a mpletion.	
	you are not eligible to file. If you file anyway, the court				the certificate and the payment you developed with the agency.				the certificate and the payment you developed with the agency.	
can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.	¹ П	counseling a	gei kru	fing from an approved credit ncy within the 180 days before I optcy petition, but I do not have a mpletion.		cou filed	nseling agei	fing from an approved credit ncy within the 180 days before I uptcy petition, but I do not have a mpletion.		
					ofter you file this bankruptcy petition, copy of the certificate and payment		you		after you file this bankruptcy petition, copy of the certificate and payment	
		from an appr obtain those made my req	ove sei jue: y te	ked for credit counseling services ed agency, but was unable to rvices during the 7 days after I st, and exigent circumstances emporary waiver of the		I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.				
		requirement, what efforts y were unable t	atta ou to c nd	day temporary waiver of the ach a separate sheet explaining made to obtain the briefing, why you obtain it before you filed for what exigent circumstances ile this case.		request what were ban	uirement, atta at efforts you e unable to c	day temporary waiver of the ach a separate sheet explaining made to obtain the briefing, why you obtain it before you filed for what exigent circumstances ile this case.		
			Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.				diss	satisfied with	be dismissed if the court is your reasons for not receiving a your filed for bankruptcy.	
			still receive a You must file along with a	bri a d cop an	tisfied with your reasons, you must defing within 30 days after you file. Sertificate from the approved agency, by of the payment plan you you do not do so, your case may		If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency along with a copy of the payment plan you developed, if any. If you do not do so, your case must be dismissed.		iefing within 30 days after you file. certificate from the approved agency, by of the payment plan you	
					f the 30-day deadline is granted only limited to a maximum of 15 days.				of the 30-day deadline is granted only limited to a maximum of 15 days.	
			I am not requ counseling b		d to receive a briefing about credit ause of:			n not require	d to receive a briefing about credit ause of:	
				☐ Incapaci	ty.	I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.			Incapacity.	I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
			☐ Disabilit	y.	My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.		_	Disability.	My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.	
			☐ Active d	uty	. I am currently on active military duty in a military combat zone.			Active duty	duty in a military combat zone.	
			briefing abou	ıt cı	ou are not required to receive a redit counseling, you must file a er of credit counseling with the court.		brie	efing about cr	ou are not required to receive a redit counseling, you must file a er of credit counseling with the court.	

Debtor 1 Mary		Mary		Scotto		Case number (if known)			
		First Name	Middle N	lame Last Name					
Par	t 6: Answer	These Question	s for R	eporting Purposes					
16.	What kind of have?	f debts do you	16a.			ner debts? Consumer debts are defit for a personal, family, or household			
			16h	Are your debte primarily bus	inaa	a debte? Pusinosa debte are debte	that s	you incurred to obtain money	
			100.			s debts? Business debts are debts rough the operation of the business			
				No. Go to line 16c.					
				Yes. Go to line 17.					
			16c.	State the type of debts you ow	ve th	at are not consumer debts or busine	ess d	ebts.	
					_				
17.	Are you filin	g under Chapter 7?	<u> </u>	No. I am not filing under Cha	apter	7. Go to line 18.			
	exempt prop and adminis paid that fun	nate that after any verty is excluded trative expenses are ds will be available on to unsecured	•			Do you estimate that after any exen paid that funds will be available to			
18.	How many c estimate tha	reditors do you t you owe?	3	1-49	0	☐ 25,001-50,000 ☐ 50,000-	100,0	000	
19.	How much d	lo you estimate you worth?	, V	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	
				Ψ000,001 Ψ1 mmon	_	Ψ100,000,001 Ψ000 Hillion	_	Word than 400 billion	
20.	liabilities to			\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	
Foi	ryou	If I have States C If no atto have obt I request I underst	chosen ode. I u rney repained and relief ir and macy case	to file under Chapter 7, I am aw nderstand the relief available un presents me and I did not pay on nd read the notice required by 1 accordance with the chapter of king a false statement, conceal	ware nder or ag 11 U of title	each chapter, and I choose to proc ree to pay someone who is not an a	r Cha eed u ttorno in this	apter 7, 11,12, or 13 of title 11, United ander Chapter 7. ey to help me fill out this document, I sepetition. by fraud in connection with a	
		X /	s/ Mary	Scotto					
		_		to, Debtor 1					
		Ex	ecuted	on 03/07/2024					
				MM/ DD/ YYYY					

Debtor 1	Mary		Scotto	Case number (if known)
	First Name	Middle Name	Last Name	
For your attorney, if you are represented by one If you are not represented by an attorney, you do not need to file this page.		proceed under each chapter for 11 U.S.C. § 34	Chapter 7, 11, 12, or 13 of or which the person is eligible 2(b) and, in a case in which	his petition, declare that I have informed the debtor(s) about eligibility to title 11, United States Code, and have explained the relief available under ble. I also certify that I have delivered to the debtor(s) the notice required by § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry with the petition is incorrect.
		X /s/ Thom	as A. Farinella	Date 03/07/2024
		of Attorney for Debtor	MM / DD / YYYY	
		Printed na Law Offic Firm name 260 Madie Number	e of Thomas A. Farinella,	
		New York	(NY 10016
		City		State ZIP Code
		Contact ph	none (917) 319-8579	Email address tf@lawtaf.com
		TF8309		NY
		Bar numbe	er	State

Fill in this i	nformation to identify your ca	se and this filing:	
Debtor 1	Mary	Scotto	
		Middle Name Last Name	
Debtor 2			
(Spouse, if fi	iling) First Name N	Middle Name Last Name	—
United Ctat	too Donlywater Count for the	Eastern District of New York	
United Star	tes Bankruptcy Court for the:	Eastern District of New York	- Check if this is an
Case numb	oer		Check if this is an amended filing
Official	Form 106A/B		
Sched	dule A/B: Prope	erty	12/15
the categor equally res additional p	ry where you think it fits best ponsible for supplying corr pages, write your name and	escribe items. List an asset only once. If an asset st. Be as complete and accurate as possible. If tweet information. If more space is needed, attach a case number (if known). Answer every question.	o married people are filing together, both are separate sheet to this form. On the top of any
Part 1:	Describe Each Resid	lence, Building, Land, or Other Real Estate	You Own or Have an Interest In
1.1	171 Frame Street Street address, if available, or or description Franklin Square, NY 11010 City State ZIP Consumption	Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the entire property? unknown Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. Fee Simple Check if this is community property (see instructions)
		Other information you wish to add about this ite property identification number:	m, such as local
		rou own for all of your entries from Part 1, including any hat number here	50.00
Part 2:	Describe Your Vehic	les	
		ble interest in any vehicles, whether they are registered se a vehicle, also report it on Schedule G: Executory Contra	•
3. Car	rs, vans, trucks, tractors, sport	utility vehicles, motorcycles	
4	No		
	Yes		

Official Form 106A/B Schedule A/B: Property page 1

Debtor	Sco	tto, Mary				
	3.1	Make: Model:		Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	the amount of any secur	claims or exemptions. Put ted claims on <i>Schedule D:</i> hims Secured by Property.
		Year: Approximate mileage: Other information:		 Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) 	Current value of the entire property?	Current value of the portion you own?
4.	Wate	ercraft, aircraft, motor	homes, ATVs ar	nd other recreational vehicles, other vehicles, and	l accessories	
		•	otors, personal w	atercraft, fishing vessels, snowmobiles, motorcycle a	accessories	
	2					
	4.1	es Make: Model:		Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	the amount of any secur	claims or exemptions. Put ed claims on <i>Schedule D:</i> hims Secured by Property.
		Year:		Debtor 1 and Debtor 2 only	Current value of the	Current value of the
		Other information:		At least one of the debtors and another	entire property?	portion you own?
				☐ Check if this is community property (see instructions)		
5. Pai		have attached for Part	2. Write that nu	n for all of your entries from Part 2, including any mber here		\$0.00
Do yo	ou ow	n or have any legal or	equitable intere	est in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	Hous	sehold goods and furn	ishings			
	Exam	<i>mples:</i> Major appliance No	s, furniture, linens	s, china, kitchenware		
	₫ Y	es. Describe	Furniture			\$2,500.00
7.	Elec	tronics				
		mples: Televisions and		eo, stereo, and digital equipment; computers, printer	rs, scanners; music	
	√ N	lo				
	□ Y	es. Describe				

Case number (if known)

Debtor Scotto, Mary

8.	Collectibles of value	
	Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles	
	☑ No	
	☐ Yes. Describe	
		-
9.	Equipment for sports and hobbies	
	Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments	
	☑ No	
	Yes. Describe	
		-
10.	Firearms	
10.	Examples: Pistols, rifles, shotguns, ammunition, and related equipment	
	☑ No	
	☑ Yes. Describe	
	Tes. Describe	_
11.	Clothes	
	Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
	□ No	
	√ Yes. Describe Clothing \$500.00	1
12.	Jewelry	
	Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver	
	No	
	√ Yes. Describe Jewelry	_
	LI	
13.	Non-farm animals	
	Examples: Dogs, cats, birds, horses	
	☑ No	
	Yes. Describe	_
14.	Any other personal and household items you did not already list, including any health aids you did not list	
	☑ No	
	☐ Yes. Give specific	
	information	_
15.	Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here	
	TOT FAIL 5. WITE that nulliber field	İ
Pa	t 4: Describe Your Financial Assets	
		_
	bu own or have any legal or equitable Current value of the portion you own? Set in any of the following? Do not deduct secured claims or exemptions.	

Official Form 106A/B Schedule A/B: Property page 3

Debtor Scotto, Mary

Debto	Scotto, Mary		Case nu	mber (if known)	
16.	Cash				
	Examples: Money you	ı have in your wallet, in your h	nome, in a safe deposit box, and on hand when y	ou file your petition	
	√ No				
	☐ Yes			Cash:	·
17.	Deposits of money				
			counts; certificates of deposit; shares in credit ur e multiple accounts with the same institution, list		
	☐ No				
	√ Yes		Institution name:		
		17.1. Checking account:			\$12,000.00
18.		or publicly traded stocks	rokerage firms, money market accounts		
	✓ No	o, o	.o.o.agoo,o.o,ao. accoao		
	_	Institution or issuer name:			
	_				
					·
19.	Non-publicly traded s LLC, partnership, and		oorated and unincorporated businesses, inclu	uding an interest in an	
	√ No				
	☐ Yes. Give specific				
	information about them	Name of entity:		% of ownership:	
			_		
20.	Government and corp	oorate bonds and other neg	otiable and non-negotiable instruments		
			hiers' checks, promissory notes, and money ord ansfer to someone by signing or delivering them.		
	☑ No				
	Yes. Give specific information about them	Issuer name:			
		-			

Official Form 106A/B Schedule A/B: Property page 4

Case number (if known)

Debtor Scotto, Mary

21.	Retirement or pension	n accounts		
			1(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans	
	₫ No			
	Yes. List each account separately.	Type of account:	Institution name:	
		401(k) or similar plan:		
		Pension plan:		
		IRA:		
		Retirement account:		
		Keogh:		
		Additional account:		
		Additional account:		
22.	Security deposits and			
			de so that you may continue service or use from a company	
	others	s with landlords, prepaid	rent, public utilities (electric, gas, water), telecommunications companies, or	
	₫ No			
	☐ Yes	In	stitution name or individual:	
		Electric:		
		Gas:		
		Heating oil:		
		Security deposit on ren	ntal unit:	
		Prepaid rent:		
		Telephone:		
		Water:		
		Rented furniture:		
		Other:		
00				
23.		or a periodic payment of	money to you, either for life or for a number of years)	
	✓ No☐ Yes	Issuer name and descri	intion:	
	_ 100	locaci name ana accen	, and a second	
			_	

Official Form 106A/B Schedule A/B: Property page 5

Case number (if known)

Debtor Scotto, Mary

24.	Interests in an education IRA, in an account in a qualified ABLE p	program, or under a qualified state tuition program.	
	26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).		
	₫ No		
	Yes Institution name and description. Separately f	ile the records of any interests.11 U.S.C. § 521(c):	
			·
			- <u></u>
25.	Trusts, equitable or future interests in property (other than anythifor your benefit	ing listed in line 1), and rights or powers exercisable	
	√ No		
	Yes. Give specific		
	information about them		
26.	Detents convergets trademarks trade accrets and other intellege	tual property	
20.	Patents, copyrights, trademarks, trade secrets, and other intellect Examples: Internet domain names, websites, proceeds from royalties		
	☑ No		
	Yes. Give specific	1	
	information about them		
27.	Licenses, franchises, and other general intangibles		
	Examples: Building permits, exclusive licenses, cooperative association	ion holdings, liquor licenses, professional licenses	
	✓ No		
	Yes. Give specific information about them		
Mon	ey or property owed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed to you		
	☑ No		
	☐ Yes. Give specific information about	Federal:	
	them, including whether you already filed the returns and		
	the tax years	State:	-
	<u> </u>	Local:	
29.	Family support		
_0.	Examples: Past due or lump sum alimony, spousal support, child sup	port, maintenance, divorce settlement, property	
	settlement		
	☑ No		
	Yes. Give specific information	Alimony:	
		Maintenance:	
		Support:	
		Divorce settlement:	
	<u></u>	Property settlement:	

Debtor	Scotto, Mary		Case number (if known)	
30.	Other amounts someone owes you			
		nce payments, disability benefits, sid loans you made to someone else	ck pay, vacation pay, workers' compensation,	
	√ No			
	Yes. Give specific information]
31.	Interests in insurance policies			_
	Examples: Health, disability, or life insuran	ce; health savings account (HSA); cr	edit, homeowner's, or renter's insurance	
	☑ No			
	☐ Yes. Name the insurance company of each policy and list its value	Company name:	Beneficiary:	Surrender or refund value:
				·
				·
32.	Any interest in property that is due you	from someone who has died		
02.	If you are the beneficiary of a living trust, exproperty because someone has died.		policy, or are currently entitled to receive	
	☑ No			
	☐ Yes. Give specific information			
33.	Claims against third parties, whether or	not you have filed a lawsuit or ma	de a demand for payment	
	Examples: Accidents, employment dispute	es, insurance claims, or rights to sue		
	☑ No			
	Yes. Describe each claim			
34.	Cther contingent and unliquidated claim claims	s of every nature, including count	erclaims of the debtor and rights to set of	⊒ if
	✓ No			
	Yes. Describe each claim			7
35.	Any financial assets you did not already	list		
	☑ No			
	Yes. Give specific information			7
	L]
36.	Add the dollar value of all of your entries for Part 4. Write that number here			\$12,000.00
Pai	rt 5: Describe Any Business-	Related Property You Own	or Have an Interest In. List any	real estate in Part 1.
37.	Do you own or have any legal or equitab	le interest in any business-related	I property?	
	√ No. Go to Part 6.			
	Yes. Go to line 38.			

Official Form 106A/B Schedule A/B: Property page 7

Case number (if known)

Debtor Scotto, Mary

			Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	. Accounts receivable or commissions you already earned		
	☑ No		
	Yes. Describe		
39.	. Office equipment, furnishings, and supplies		
	Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs electronic devices	, telephones, desks, chairs,	
	☑ No		
	Yes. Describe		
40.	. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade		
	☑ No		
	Yes. Describe		
41.	. Inventory		
	☑ No		
	Yes. Describe		
42.			
	☑ No		
	Yes. Describe		
	Name of entity:	% of ownership:	
		_	
		_	
43.			
	☑ No		
	☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 10	11(41A)) ?	
	□ No		
	Yes. Describe		

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here	Debtor	Scotto, Mary	Case number (if known)	
45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here				
45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here	44.	Any business-related p	property you did not already list	
Yes. Give specific information				
45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here S0.00				
Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? 17. No. Go to Part 7. 18. Yes. Go to line 47. 19. Current value of the portion you own? 19. Do not deduct secured claims or exemptions. 47. Farm animals 21. Examples: Livestock, poultry, farm-raised fish 17. No. 18. Crops—either growing or harvested 19. No. 19. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade 21. No. 19. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade 22. No. 23. No. 24. Farm and fishing supplies, chemicals, and feed 24. No. 25. Farm and fishing supplies, chemicals, and feed 26. No. 27. Yes.		information		
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If you own or have an interest in farmland, list it in Part 1. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? 1 No. Go to Part 7.				
48. Crops—either growing or harvested 19 Yes. Give specific information	Par	ι Ο.		Interest In.
Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims or exemptions. 47. Farm animals Examples: Livestock, poultry, farm-raised fish ✓ No Yes. Give specific information. 48. Crops—either growing or harvested ✓ No Yes. Give specific information, implements, machinery, fixtures, and tools of trade ✓ No Yes. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade ✓ No Yes. Farm and fishing supplies, chemicals, and feed ✓ No Yes. Yes. Yes. **Tourient value of the portion you own? Do not deduct secured claims or exemptions. **Tourient value of the portion you own? Do not deduct secured claims or exemptions. **Tourient value of the portion you own? Do not deduct secured claims or exemptions. **Tourient value of the portion you own? Do not deduct secured claims or exemptions. **Tourient value of the portion you own? Do not deduct secured claims or exemptions. **Tourient value of the portion you own? Do not deduct secured claims or exemptions. **Tourient value of the portion you own? Do not deduct secured claims or exemptions. **Tourient value of the portion you own? Do not deduct secured claims or exemptions. **Tourient value of the portion you own? Do not deduct secured claims or exemptions. **Tourient value of the portion you own? Do not deduct secured claims or exemptions. **Tourient value of the portion you own you	46.	Do you own or have ar	y legal or equitable interest in any farm- or commercial fishing-related property?	
Current value of the portion you own? Do not deduct secured claims or exemptions. 47. Farm animals Examples: Livestock, poultry, farm-raised fish 1 No Yes		✓ No. Go to Part 7.		
## Portion you own? Do not deduct secured claims or exemptions. ### Arm animals ### Examples: Livestock, poultry, farm-raised fish ### No Yes		Yes. Go to line 47.		
A7. Farm animals Examples: Livestock, poultry, farm-raised fish No				Current value of the
Claims or exemptions.				
Examples: Livestock, poultry, farm-raised fish 1 No Yes				
✓ No	47.	Farm animals		
Yes		Examples: Livestock, p	oultry, farm-raised fish	
48. Crops—either growing or harvested		☑ No		
✓ No		☐ Yes		
✓ No				
Yes. Give specific information	48.		g or harvested	
information				
49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade ✓ No ☐ Yes				
✓ No				
Yes 50. Farm and fishing supplies, chemicals, and feed ✓ No Yes	49.		ment, implements, machinery, fixtures, and tools of trade	
50. Farm and fishing supplies, chemicals, and feed				
✓ No □ Yes		☐ Yes		
✓ No □ Yes				
☐ Yes	50.		lies, chemicals, and feed	
51. Any farm- and commercial fishing-related property you did not already list		☐ Yes		
51. Any farm- and commercial fishing-related property you did not already list				
•	51.		cial fishing-related property you did not already list	
☑ No				
Yes. Give specific information				

Official Form 106A/B Schedule A/B: Property page 9

Case number (if known)

Debtor Scotto, Mary

52.	Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here	\$0.00
Pa	rt 7: Describe All Property You Own or Have an Interest in That You Did Not List Above	
53.	Do you have other property of any kind you did not already list?	
	Examples: Season tickets, country club membership	
	√ No	
	Yes. Give specific information	
54.	Add the dollar value of all of your entries from Part 7. Write that number here	\$0.00
Pa	rt 8: List the Totals of Each Part of this Form	
55.	Part 1: Total real estate, line 2	\$0.00
56.	Part 2: Total vehicles, line 5 \$0.00	
57.	Part 3: Total personal and household items, line 15 \$3,500.00	
58.	Part 4: Total financial assets, line 36 \$12,000.00	
59.	Part 5: Total business-related property, line 45 \$0.00	
60.	Part 6: Total farm- and fishing-related property, line 52 \$0.00	
61.	Part 7: Total other property not listed, line 54 + \$0.00	
62.	Total personal property. Add lines 56 through 61	+\$15,500.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62.	\$15,500.00

amo Som How prop	rt 1: Identify th Which set of exer You are claimi	ch as those for hein exemption of 100 to exceed that amore Property You imptions are you clang state and federal exemptions federal exemptions.	alth aids, rights to 2% of fair market bunt, your exempt Claim as Exemplaiming? Check of all nonbankruptcy of the cons. 11 U.S.C. § 5	o receive certain benefits, ar value under a law that limits ition would be limited to the apt ne only, even if your spouse is exemptions. 11 U.S.C. § 522(the exemption to a particulapplicable statutory amounts filing with you. (b)(3)	ınds—may be unlimited in dolla ar dollar amount and the value o	tory limit. r amount.
amo Som How prop	re exemptions—survever, if you claim a perty is determined rt 1: Identify th Which set of exert You are claimi	ch as those for her n exemption of 100 to exceed that amo e Property You mptions are you cla ng state and federa	alth aids, rights to 20% of fair market bunt, your exempt Claim as Exemaiming? Check of all nonbankruptcy of	o receive certain benefits, ar value under a law that limits ition would be limited to the apt ne only, even if your spouse is exemptions. 11 U.S.C. § 522(the exemption to a particulary amount applicable statutory	ınds—may be unlimited in dolla ar dollar amount and the value o	tory limit. r amount.
amo Som How prop	ne exemptions—su vever, if you claim a perty is determined rt 1: Identify th Which set of exer	ch as those for hein exemption of 100 to exceed that amore Property You on the property are you classes.	alth aids, rights to 20% of fair market bount, your exemp Claim as Exem aiming? Check of	o receive certain benefits, ar value under a law that limits ition would be limited to the apt	the exemption to a particulary amount applicable statutory	ınds—may be unlimited in dolla ar dollar amount and the value o	tory limit. r amount.
amo Som How prop	ne exemptions—su vever, if you claim a perty is determined rt 1: Identify th	ch as those for head nexemption of 100 to exceed that amount of the Property You	alth aids, rights to 0% of fair market bunt, your exemp Claim as Exem	o receive certain benefits, ar value under a law that limits ition would be limited to the	the exemption to a particul applicable statutory amoun	ınds—may be unlimited in dolla ar dollar amount and the value o	tory limit. r amount.
amo Som How prop	ne exemptions—su vever, if you claim a perty is determined	ch as those for he n exemption of 100 to exceed that amo	alth aids, rights to 0% of fair market ount, your exemp	o receive certain benefits, ar value under a law that limits tion would be limited to the	the exemption to a particul	ınds—may be unlimited in dolla ar dollar amount and the value o	tory limit. r amount.
amo Som How	ne exemptions—su vever, if you claim a	ch as those for hean exemption of 100	alth aids, rights to 0% of fair market	o receive certain benefits, ar value under a law that limits	the exemption to a particul	ınds—may be unlimited in dolla ar dollar amount and the value o	tory limit. r amount.
· Oi					ty being exempted up to the		
	•	tv vou claim as ex	empt. vou must s	specify the amount of the exe	emption you claim. One way	/ of doing so is to state a specifi	c dollar
prop out a	perty you listed on	Schedule A/B: Prop	perty (Official For	m 106A/B) as your source, li	ist the property that you clai	r supplying correct information. im as exempt. If more space is r ages, write your name and case	eeded, fill
				u Claim as Ex	•		04/22
Of	ficial Form	106C					
(II	known)					amended filing	
_	ase number					Check if this is ar	1
U	nited States Bankru	ptcy Court for the:	E	astern District of New York			
_	ebtor 2 Spouse, if filing)	First Name	Middle Name	Last Name			
_		First Name	Middle Name	Last Name			
		Mary		Scotto			
D	ebtor 1						
	in this information t	o identify your case	91				
		o identify your case	9:				

Copy the value from

Schedule A/B

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
☐ No
☐ Yes

 $\mathbf{\Lambda}$

unknown

\$2,500.00

Check only one box for each exemption.

unknown

\$2,500.00

100% of fair market value, up

to any applicable statutory limit

100% of fair market value, up to any applicable statutory limit

N.Y. CPLR § 5206(a)

N.Y. CPLR § 5205(a)(1)

Brief description:

Brief description:

Line from Schedule A/B:

Furniture

Line from

Schedule A/B:

√ No

171 Frame Street Franklin Square, NY 11010

Are you claiming a homestead exemption of more than \$189,050?

Debtor 1	Mary		Scotto	Case numb	Case number (if known)			
	First Name	Middle Name	Last Name					
Part 2: Add	itional Page							
Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption				
			Copy the value from Schedule A/B	Check only one box for each exemption.				
Brief description	on:		\$500.00	\$500.00 100% of fair market value, up	N.Y. CPLR § 5205(a)(1)			
Line from Schedule A/B:	11			to any applicable statutory limit				
Brief description	on:		\$500.00	\$500.00	N.Y. CPLR § 5205(a)(6)			
Line from Schedule A/B:	e from			□ 100% of fair market value, up to any applicable statutory limit				
Brief description			\$12,000.00	1 \$12,000.00	15 U.S.C. § 1673			
Checking account Line from Schedule A/B: 17		Ψ12,000.00	100% of fair market value, up to any applicable statutory limit					

Fill in this inforr	nation to identify your	case:							
Debtor 1	Mary			Scotto					
Dobtor 1	First Name	Middle Nar	me	Last Name					
Debtor 2									
(Spouse, if filing	First Name	Middle Nar	me	Last Name					
Heiterd Oteter	Davidson Oanst fan	41	Eastern	District of	New York				
United States	Bankruptcy Court for	tne:	Lastern	District of	New Tork				
Case number	(if							Check if	this is an
known)								amende	
Official Fo	m 106D								
Schedu	ıle D: Cred	ditors '	Who	Have Clai	ms Sec	ured by	уΡ	roperty	12/15
Be as complete	and accurate as po	ssible. If two r	married pe	ople are filing togeth	er. both are equ	ally responsib	ole for	supplying correct info	ormation. If
nore space is r	needed, copy the Ad							of any additional pag	
	number (if known).								
_	ditors have claims s								
	eck this box and submed in all of the information		he court wi	th your other schedule	s. You have noth	ing else to repo	ort on t	his form.	
Yes. Fill	in all of the information	on below.							
Part 1:	List All Secured (Claims							
2. List all se	cured claims If a cre	aditor has more	than one o	secured claim, list the	creditor	Column A		Column B	Column C
				particular claim, list th		Amount of cla	aim	Value of collateral	Unsecured
	· ·	possible, list th	e claims in	alphabetical order acc	ording to the	Do not deduct th	ne	that supports this	portion
creditor's n	ame.					value of collatera	al.	claim	If any
2.1 GROSS	POLOWY, LLC	De	escribe the	property that secur	es the claim:	unkn	nown	\$0.00	\$0.00
Creditor's	Name	г				_			
1775 We	hrle Drive Suite 100								
Number	Street	A	s of the da	te you file, the claim	is: Check all that	t apply.			
			Continger	-					
Williams	ville, NY 14221		U nliquida	ted					
City	State Z	ZIP Code _	Disputed						
Who owe	s the debt? Check o	ne. N a	ature of lie	n. Check all that apply	' .				
✓ Debto	or 1 only		An agree	ment you made (such	as mortgage or s	secured car loar	n)		
Debto	,			lien (such as tax lien,	,				
	or 1 and Debtor 2 only			t lien from a lawsuit					
☐ At lea anoth	st one of the debtors	and L	Other (incomplete)	cluding a right to					
_	_ਾ k if this claim relate:	s to a	onset)						
	nunity debt	5 10 a							
Date deb	t was incurred	La	ast 4 digits	of account number					
Remarks	: NOTICE ONLY								
	-								

Add the dollar value of your entries in Column A on this page. Write that number here:

\$0.00

Debtor 1	Mary	Scotto	Case number (if known)		
	First Name Middle Na		, ,		
	Additional Page		Column A Amount of claim	Column B Value of collateral	Column C Unsecured
Part 1:	After listing any entries on thi followed by 2.4, and so forth.	s page, number them beginning with 2.3,	Do not deduct the value of collateral.	that supports this claim	portion If any
2.2 Mr. Co	ooper	Describe the property that secures the cla	im: unknown	\$0.00	\$0.00
Credito	or's Name				
	Cypress Waters Blvd.				
Numbe	er Street	As of the date you file, the claim is: Check Contingent	all that apply.		
Dallas	s, TX 75019	☐ Unliquidated			
City	State ZIP Code	☐ Disputed			
•	owes the debt? Check one.	Nature of lien. Check all that apply.			
	ebtor 1 only	☐ An agreement you made (such as mortga	ige or secured car loan)		
	ebtor 2 only	☐ Statutory lien (such as tax lien, mechanic's	,		
☐ De	ebtor 1 and Debtor 2 only	☐ Judgment lien from a lawsuit	,		
	least one of the debtors and other	Other (including a right to offset)			
	neck if this claim relates to a mmunity debt				
Date d	lebt was incurred	Last 4 digits of account number			
	more Loan Management Servicing	Describe the property that secures the cla	im: unknown	\$0.00	\$0.00
	OX 514707	171 Frame Street Franklin Square, NY 11010	0		
Numbe	er Street	As of the date you file, the claim is: Check Contingent	all that apply.		
Los A	ngeles, CA 90051	☐ Unliquidated			
City	State ZIP Code	☐ Disputed			
Who o	owes the debt? Check one.	Nature of lien. Check all that apply.			
,	ebtor 1 only	☐ An agreement you made (such as mortga	ige or secured car loan)		
	ebtor 2 only	☐ Statutory lien (such as tax lien, mechanic's	,		
	ebtor 1 and Debtor 2 only	☐ Judgment lien from a lawsuit	- ',		
_	least one of the debtors and other	Other (including a right to offset)			
	neck if this claim relates to a mmunity debt				
Date d	lebt was incurred	Last 4 digits of account number 4 8	0 7		
Add th	ne dollar value of your entries in (Column A on this page. Write that number he	ere: \$0.00		
	is the last page of your form, add that number here:	the dollar value totals from all pages.	\$0.00		

Fill ir	this inform	ation to identify yo	ur case:								
Dob	otor 1	Mary			Scotto						
Der	ntor i	First Name	Middle Na	ame	Last Nam	ne					
D - I											
	otor 2 ouse if filing)	First Name	Middle Na	amo.	Last Nam	20					
					Last Ivali						
Uni	ted States E	Bankruptcy Court for	or the:	Eastern		District of	New York	-			
Cas	e number										
(if kr	nown)									Check if amende	this is an
Offi	cial For	m 106E/F									g
SC	hedu	le E/F: C	reditor	s Who	o Ha	ve Un	secured	Clai	ms		12/15
Form claims numb	106A/B) ar s that are li	ny executory cont and on Schedule G isted in Schedule ies in the boxes on).	: Executory Co D: Creditors V	ontracts and Vho Have C	l Unexpire laims Sec	ed Leases (O ured by Prop	fficial Form 1060 perty. If more spa	6). Do not i ice is need	nclude any cro led, copy the F	editors with pa Part you need, f	rtially secured ill it out,
Pa	rt 1:	ist All of Your	PRIORITY Un	nsecured (Claims						
1.	Do any cre	ditors have prior	ity unsecured o	claims agair	nst you?						
	☐ No. Go ☑ Yes.	to Part 2.			·						
	claim listed amounts. A fill out the C	your priority unse , identify what type s much as possible Continuation Page	e of claim it is. If e, list the claims of Part 1. If more	a claim has in alphabeti e than one c	both priori ical order a creditor hol	ty and nonpri according to the ds a particula	ority amounts, list ne creditor's name r claim, list the oth	that claim I e. If you hav ner creditor	here and show ve more than tw	both priority and	nonpriority
		,						,	Total claim	Priority	Nonpriority
										amount	amount
2.1	Law Office	e of Thomas A. Fa	rinella, PC	Last 4 digi	its of acco	ount number			\$3,500.00	\$3,500.00	\$0.00
		editor's Name		ŭ							
	Law Office	e of Thomas A. Fa	rinella, PC	When was	the debt	incurred?					
		son Avenue 8th Flo									
	Number	Street	501	As of the o	date vou f	ile. the claim	is: Check all that	apply.			
		, NY 10016		☐ Conting	•	,	ior or our an arac	~PP-7.			
	City	State	ZIP Code	Unliqui							
	•			☐ Dispute							
		rred the debt? Ch	eck one.	·							
	☑ Debtor	•				nsecured cla	aim:				
	☐ Debtor					obligations					
		1 and Debtor 2 or	,				you owe the gover				
		st one of the debtor					jury while you wer	re intoxicate	ed		
		if this claim is fo unity debt	n d	⊻ Other.	Specify A	ttorney Fees					
	Is the clai	m subject to offs	et?								
	✓ No	,									
	Yes										
	00										

Official Form 106E/F

Debtor 1	Mary		Scotto	Case nu	ımber (if known)	
	First Name	Middle Name	Last Name			
	-					
Part 2:	List All of You	ur NONPRIORITY Un	secured Claims			
3. Do any	creditors have no	npriority unsecured cla	ims against you?			
☐ No.	You have nothing to	o report in this part. Subr	nit this form to the court w	ith your other sched	ules.	
√ Yes	3					
4. List all	of your nonpriority	v uncocured elaims in t	ha alphabatical arder of	the creditor who h	olds each claim. If a creditor ha	as more than one
					ify what type of claim it is. Do no	
			particular claim, list the of	ther creditors in Part	3.If you have more than three ne	onpriority unsecured
claims	fill out the Continuat	ion Page of Part 2.				
						Total claim
4.1 Citiba	nk/The Home Depor	t	Last 4 digits of	of account number	0 0 8 8	(\$1.00)
	iority Creditor's Name					
Citico	rp Cr Srvs/Centralize	ed Bankruptcy	When was the	debt incurred?	8/1/2019	
PO Bo	ox 790040					
Numbe	er Street		As of the date	you file, the claim	is: Check all that apply.	
St Lou	uis, MO 63179-0040)	☐ Contingent			
City	St	tate ZIF	Code Unliquidate	ed		
Who i	ncurred the debt?	Check one.	☐ Disputed			
	ebtor 1 only		Type of NONP	RIORITY unsecure	d claim:	
	ebtor 2 only		Student loa	ans		
☐ De	ebtor 1 and Debtor 2	only	•	• .	aration agreement or divorce that	at you did not report as
☐ At	least one of the deb	otors and another	priority clair		ng plans, and other similar debts	3
☐ Ch	eck if this claim is	for a community debt	•	cify ChargeAccoun		•
Is the	claim subject to of	ffset?	·	,		
∑ No	•					
☐ Ye	s					
4.2 Kohl's			1 (4 - 1) (4 0 7 5	#0.00
Roms	iority Creditor's Name	Δ	Last 4 digits o	of account number	1 3 7 5	\$0.00
•	Credit Administrator		When was the	debt incurred?	4/1/2016	
Numbe	ox 3043 er Street		As of the date	you file, the claim	is: Check all that apply.	
	ukee, WI 53201-304	13	Contingent			
City	· · · · · · · · · · · · · · · · · · ·		Code Unliquidate	ed		
,			☐ Disputed			
	ncurred the debt?	Cneck one.	Type of NONP	RIORITY unsecure	d claim:	
-	ebtor 1 only ebtor 2 only		☐ Student loa			
	ebtor 1 and Debtor 2	only			aration agreement or divorce tha	at you did not report as
	least one of the deb	•	priority clair		and and an and an area	-
		for a community debt		ension or profit-shari cify ChargeAccoun	ng plans, and other similar debts	5
la 4k -	alaim subject to at	ffcat?	G Other. Sper	ChargeAccount		
is the ☑ No	claim subject to of	iset (

Deptor	Mary Mary	50	Case number (if known)	
	First Name Middle Nar	ne Las	of Name	
D	T 2		Outhwestler Barre	
	rt 2: Your NONPRIORITY Unsecu		·	
	listing any entries on this page, number	them beginnin	g with 4.4, followed by 4.5, and so forth.	Total claim
4.3	Regions EnerBank USA		Last 4 digits of account number 0 5 4 6	\$5,773.00
	Nonpriority Creditor's Name		When was the debt incurred? 9/1/2019	
,	Attn: Bankruptcy Attn: Bankruptcy		<u> </u>	
,	650 S Main st , Ste 1000		As of the date you file, the claim is: Check all that apply.	
	Number Street		☐ Contingent	
	Salt Lake City, UT 84101		- ☐ Unliquidated	
	City State	ZIP Code	☐ Disputed	
	Who incurred the debt? Check one.		T. (NONDRIODITY	
	Debtor 1 only		Type of NONPRIORITY unsecured claim:	
	Debtor 2 only		Student loansObligations arising out of a separation agreement or divorce that you did no	t roport ac
	□ Debtor 1 and Debtor 2 only□ At least one of the debtors and another		priority claims	t report as
	☐ Check if this claim is for a communit	v deht	Debts to pension or profit-sharing plans, and other similar debts	
	- Oneok ii tiiis sidiii is ioi a command	y debt	✓ Other. Specify Unsecured	
	Is the claim subject to offset?			
	☑ No			
	Yes			
4.4	Regions EnerBank USA		Last 4 digits of account number 3 4 5 1	\$2,447.00
	Nonpriority Creditor's Name		When was the debt incurred? 1/1/2020	
i	Attn: Bankruptcy Attn: Bankruptcy		when was the dept incurred? 1/1/2020	
	650 S Main st , Ste 1000		- A (4) 1 (C) 4 1 1 1 0 1 1 1 1 1 1	
	Number Street		As of the date you file, the claim is: Check all that apply.	
i	Salt Lake City, UT 84101		☐ Contingent ☐ Unliquidated	
	City State	ZIP Code	☐ Disputed	
	Who incurred the debt? Check one.		_ '	
	☑ Debtor 1 only		Type of NONPRIORITY unsecured claim:	
	☐ Debtor 2 only		Student loans	
	Debtor 1 and Debtor 2 only		 Obligations arising out of a separation agreement or divorce that you did no priority claims 	t report as
	At least one of the debtors and another	ئىلماماد ئىلماماد	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Check if this claim is for a communit	y uebt	☑ Other. Specify Unsecured	
	Is the claim subject to offset?			
	☑ No			
	☐ Yes			

Debtor	1 _	Mary	Sc	otto	Case nun	nber (if	known)			
	F	First Name	Middle Name Las	t Name		,	,			
Par	rt 2:	Your NONPR	IORITY Unsecured Claims –	- Continuation Page						
			is page, number them beginnin		and so fo	rth.				Total claim
		y Bank/TJX		Last 4 digits of account n			6 0	3		\$0.00
-		y Creditor's Nan	ne	Last 4 digits of account in	iuiiibei		<u> </u>	<u> </u>		Ψ0.00
	Attn: Banl			When was the debt incur	red?	1	2/16/201	3		
-	PO Box 9	· ·		•						
-	Number	Street		As of the date you file, th	e claim is	s: Chec	k all that	apply.		
	Orlando,			Contingent						
-	City		State ZIP Code	Unliquidated						
١,	Who incu	rred the debt?	Charle and	☐ Disputed						
	₩IIO IIICu ☑ Debtoi		CHECK OHE.	Type of NONPRIORITY ur	nsecured	claim:				
	Debtoi	•		☐ Student loans						
		r 1 and Debtor :	2 only	Obligations arising out	of a sepai	ration a	greement	or divorc	e that you did	I not report as
			btors and another	priority claims						•
	_		s for a community debt	Debts to pension or pro		g plans,	and othe	r similar o	debts	
			·	✓ Other. Specify <u>CreditC</u>	Card					
	_	im subject to c	iffset?							
	☑ No									
l	☐ Yes									
4.6	Target NE	3		Last 4 digits of account n	umber	8	8 6	8		\$0.00
1	Nonpriority	y Creditor's Nan	ne					_		
	C/O Finar	ncial & Retail S	ervices	When was the debt incur	red?		1/1/2020			
-	Mailston F	BT PO Box 947	5	•						
-	Number	Street		As of the date you file, th	e claim is	s: Chec	k all that	apply.		
	Minneapo	olis, MN 55440		Contingent						
-	City		State ZIP Code	Unliquidated						
١,	, 18/15 a : 15 a	rred the debt?	Charles	Disputed						
			Check one.	Type of NONPRIORITY ur	nsecured	claim:				
	✓ Debtoi □ Debtoi	•		☐ Student loans						
		r 1 and Debtor :	2 only	Obligations arising out	of a sepai	ration a	greement	or divorc	e that you did	I not report as
			btors and another	priority claims						
[☐ Check	c if this claim is	s for a community debt	Debts to pension or pro	,	g plans,	and othe	r similar o	debts	
			-	✓ Other. Specify CreditC	ard					
		im subject to o	iffset?							
	☑ No									
	☐ Yes									
4.7	Wells Far	go Bank NA		Last 4 digits of account n	umber	5	9 7	0		\$0.00
1	Nonpriority	y Creditor's Nan	ne		10		4/4/0040			
_	PO Box 1	4411		When was the debt incur	red?		1/1/2019			
Ī	Number	Street								
_				As of the date you file, th	e claim is	s: Chec	k all that	apply.		
	Des Moin	es, IA 50306		Contingent						
(City		State ZIP Code	Unliquidated						
١,	Who incu	rred the debt?	Chack and	☐ Disputed						
	,		CHOOK OHE.	Type of NONPRIORITY ur	nsecured	claim:				
	✓ Debtoi □ Debtoi	•		☐ Student loans						
		r 2 only r 1 and Debtor :	2 only	☐ Obligations arising out	of a sepai	ration a	greement	or divorc	e that you did	I not report as
	_		btors and another	priority claims						•
	_		s for a community debt	Debts to pension or pro		g plans,	and othe	r similar o	zebts	
			·	✓ Other. Specify Charge	exccount					
		im subject to o	offset?							
	☑ No									
[Yes									

Debtor 1 Mary Scotto Case number (if known) _ First Name Middle Name Last Name Part 4: Add the Amounts for Each Type of Unsecured Claim Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim. Total claim **Total claims Domestic support obligations** 6a. \$0.00 from Part 1 6b. Taxes and certain other debts you owe the government 6b. \$0.00 Claims for death or personal injury while you were \$0.00 intoxicated Other. Add all other priority unsecured claims. \$3,500.00 6d. 6d. Write that amount here. Total. Add lines 6a through 6d. 6e. \$3,500.00 **Total claim Total claims** 6f. Student loans 6f. \$0.00 from Part 2 Obligations arising out of a separation agreement or \$0.00 6g. 6g. divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other 6h. \$0.00 similar debts Other. Add all other nonpriority unsecured claims. \$8,219.00 6i. Write that amount here. Total. Add lines 6f through 6i. 6j. \$8,219.00

Fill in this information	to identify your case	:			
Debtor 1	Mary		Scotto		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bankru	uptcy Court for the:	Ea	astern District of New York		
Case number					Check if t
(if known)				á	amended

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☑ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or o	company with wh	om you ha	ve the contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.3					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.4					
	Name				
	Number	Street			
	City		State	ZIP Code	

Fill in	this inforr	mation to identify yo	our case:					
Deb	tor 1	Mary		Scotto				
		First Name	Middle Name	Last Name				
	otor 2							
		First Name	Middle Name	Last Name				
Unit	ed States	Bankruptcy Court f	or the: Easte	ern District of	New Yo	ork		
	e number nown)							Check if this is an
`							1	amended filing
Offi	cial Fo	rm 106H						
Sc	hedu	ıle H: Yo	ur Codebto	ors				12/15
Codel	otors are	people or entities	who are also liable for	any debts you may have	. Be as com	plete and acc	urate as possible. If t	wo married people are
iling	together,	both are equally re	esponsible for supplyi		more space	e is needed, c	opy the Additional Pa	age, fill it out, and number
		r every question.	it. Attach the Additiona	ii Page to this page. On t	ne top or an	iy Additional F	rages, write your nar	ne and case number (ii
1.	Do you l	have any codebto	rs? (If you are filing a joi	nt case, do not list either s	nouse as a c	endebtor)		
•	✓ No	navo any obaobio	ier (ii you are iiiiig a joi	The sade, as flet list ourier s		,0005101.)		
	☐ Yes							
2.				nunity property state or to			erty states and territor	ies include Arizona,
		a, Idaho, Louisiana, Go to line 3.	, Nevada, New Mexico, F	Puerto Rico, Texas, Washii	ngton, and W	/isconsin.)		
			ormer spouse, or legal ed	quivalent live with you at th	e time?			
		lo						
	□ Y	es. In which comm	unity state or territory did	d you live?		Fill in the	name and current add	lress of that person.
	-				_			
	Γ	Name of your spous	se, former spouse, or leg	al equivalent				
	1	Number	Street		_			
	=				_			
	(City	State	ZIP Code				
3.				clude your spouse as a c grantor or cosigner. Make				the person shown in line
				e G (Official Form 106G).				
	Column	1: Your codebtor				Column 2: T	he creditor to whom	you owe the debt
						Check all scl	hedules that apply:	
3.1								
	Name					_	e D, line	
	Number		Street			☐ Schedule	e E/F, line	
	Number		Ollect			☐ Schedule	e G, line	<u> </u>
	City		State		ZIP Code			
3.2								
	Name					☐ Schedule	e D, line	_
	Numbar		Stroot			☐ Schedule	e E/F, line	
	Number		Street			☐ Schedule	e G, line	
	City		State		ZIP Code			

Official Form 106H Schedule H: Codebtors page 1 of _1

Fill in this i	nformation to identify your c	ase:							
Debtor 1	_ Mary		Scotto						
	First Name	Middle Name	Last Name						
Debtor 2 (Spouse, if	filing) First Name	Middle Name	Last Name				Check if this is:		
	- Instrume	_		Vaule			An amended filing		
	ates Bankruptcy Court for th	ne: Ea	stern District of New	TOTK		-	A supplement sho		
Case nun (if known)							chapter 13 income	e as of the fo	ollowing date:
							MM / DD / YYYY		
Official	Form 106I								
	 dule I: Your In	come							40/45
	lete and accurate as possi		anla ara filing tagatha	r (Dol	htor 1 and	Dobtor 2) bo	th are equally recognish	le for cumpl	12/15
spouse is n additional p	. If you are married and not out filing with you, do not in ages, write your name and Describe Employment	clude information abo	out your spouse. If m	ore sp	oace is nee				
1. Fill in y	our employment ation.		Debtor 1				Debtor 2 or nor	-filing spou	se
If you I	nave more than one job,	Employment status	Employed	√ 1 N	ot Employe	ed.	☐ Employed ☐ No	t Employed	
attach	a separate page with ation about additional	. ,	— Employed		ot Employe	,u	— Employed — No	Limployed	
employ		Occupation					·		
	e part time, seasonal, or	Employer's name					_		
	nployed work.	Employer's address							
	ation may include student emaker, if it applies.		Number Stree	t			Number Street		
							_		
			City		State	Zip Code	City	State Z	Zip Code
		How long employed	there?					<u> </u>	
Part 2: 0	Give Details About Mor	nthly Income							
unless	ate monthly income as of the you are separated.	•	•	•					- '
	or your non-filing spouse ha pace, attach a separate she		ployer, combine the in	format	tion for all e	employers for	that person on the lines I	pelow. If you	ı need
					For	Debtor 1	For Debtor 2 or non-filing spouse		
	onthly gross wages, salary ions.) If not paid monthly, ca			2.		\$0.00	\$0.00		
3. Estima	te and list monthly overtin	пе рау.		3.	+	\$0.00	+ \$0.00		

Official Form 106l Schedule I: Your Income page 1

Debtor 1 Mary Scotto Case number (if known) Last Name

			For Debtor 1	For Debtor 2 or non-filing spouse	
	Copy line 4 here→	4.	\$0.00	\$0.00	
5.	List all payroll deductions:				
	5a. Tax, Medicare, and Social Security deductions	5a.	\$0.00	\$0.00	
	5b. Mandatory contributions for retirement plans	5b.	\$0.00	\$0.00	
	5c. Voluntary contributions for retirement plans	5c.	\$0.00	\$0.00	
	5d. Required repayments of retirement fund loans	5d.	\$0.00	\$0.00	
	5e. Insurance	5e.	\$0.00	\$0.00	
	5f. Domestic support obligations	5f.	\$0.00	\$0.00	
	5g. Union dues	5g.	\$0.00	\$0.00	
	5h. Other deductions. Specify:	5h.	+ \$0.00	+ \$0.00	
6.	Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$0.00	\$0.00	
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$0.00	\$0.00	
8.	List all other income regularly received:				
	8a. Net income from rental property and from operating a business, profession, or farm				
	Attach a statement for each property and business showing gross				
	receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$0.00	\$0.00	
	8b. Interest and dividends	8b.	\$0.00	\$0.00	
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	ob.	<u> </u>	<u> </u>	
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$0.00	\$0.00	
	8d. Unemployment compensation	8d.	\$0.00	\$0.00	
	8e. Social Security	8e.	\$1,978.00	\$0.00	
	8f. Other government assistance that you regularly receive				
	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.				
	Specify:	8f.	\$0.00	\$0.00	
	8g. Pension or retirement income	8g.	\$0.00	\$0.00	
	8h. Other monthly income. Specify:		+ \$0.00	+ \$0.00	
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$1,978.00	\$0.00	
10.	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10.	\$1,978.00	\$0.00	\$1,978.00
	7.44 1.0 0.111.0 1.111.0 10.10.1 203.0 1 4.14 203.0 2 0.110.1 111111 g opocco	10.	<u> </u>		<u> </u>
11.	State all other regular contributions to the expenses that you list in Scheo				
	Include contributions from an unmarried partner, members of your househol friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that a			,	
	Specify: Contributions to Household Expenses			11. -	\$5,000.00
12.	Add the amount in the last column of line 10 to the amount in line 11. The amount on the Summary of Your Assets and Liabilities and Certain Statistics			come. Write that	\$6,978.00
					Combined monthly income
13.	Do you expect an increase or decrease within the year after you file this fo	orm?			
	Mo. ☐ Yes. Explain:				

Fill	l in this information t	o identify your case	:							
D	ebtor 1	Mary First Name	Scott Middle Name Last Na	-	Check if	this is:	ina			
	ebtor 2 Spouse, if filing)	First Name	Middle Name Last Na	ime	A su		howing p	ostpetition ving date:	chapter 13	1
U	nited States Bankru	ptcy Court for the:	Eastern Dis	trict of New York		DD ()000/				
_	ase number known)				MIM /	DD / YYYY				
Of	ficial Form	106J			•					
Sc	chedule J	: Your Ex	penses						1	12/15
				ling together, both are equally additional pages, write your n						
Ра	rt 1: Describe Y	our Household								
1.	\square_{No}	cor 2 live in a sepa		es for Separate Household of D	Debtor 2.					
2.	Do you have depe		☑ No		_		_			
	Do not list Debtor 7 Debtor 2.	1 and	Yes. Fill out this informat for each dependent		nip to	Depender age		Does depe with you?	ndent live	
	Do not state the de names.	ependents'						□No. □	Yes.	
								□No. □	Yes.	
								□No. □	Yes.	
						-		□No. □	Yes.	
								□No. □	Yes.	
3.	Do your expenses expenses of peop yourself and your	le other than	√ No □ _{Yes}							
Ра	art 2: Estimate	our Ongoing M	onthly Expenses							
				u are using this form as a sup J, check the box at the top of					enses as	of a
			government assistance if y Schedule I: Your Income (C				Your e	expenses		
4.	The rental or home for the ground or lo		ses for your residence. Incl	ude first mortgage payments a	nd any rent	4.		\$2,50	00.00	
	If not included in I	ine 4:				4				
	4a. Real estate tax	es				4a. 4b.			00.00	
	4b. Property, home					40. 4c.			00.00	
	4c. Home mainten		•			4d.			10.00	
	4d. Homeowner's	association of cond	ominium ades						\$0.00	

Debtor 1 Mary Scotto Case number (if known) ______

			our expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$0.00
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a. _	\$100.00
	6b. Water, sewer, garbage collection	6b	\$0.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c	\$150.00
	6d. Other. Specify:	6d.	\$0.00
7 .	Food and housekeeping supplies	7.	\$600.00
3.	Childcare and children's education costs	8.	\$0.00
).	Clothing, laundry, and dry cleaning	9.	\$50.00
0.	Personal care products and services	10.	\$50.00
11.	Medical and dental expenses	11.	\$50.00
	Transportation. Include gas, maintenance, bus or train fare.	12.	\$0.00
	Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$0.00
	Charitable contributions and religious donations	14.	\$0.00
14.	Chartable Contributions and religious donations	14	φυ.υυ
	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a. _	\$0.00
	15b. Health insurance	15b	\$0.00
	15c. Vehicle insurance	15c	\$0.00
	15d. Other insurance. Specify:	15d.	\$0.00
6.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.		
	Specify:	16.	\$0.00
7.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a. _	\$0.00
	17b. Car payments for Vehicle 2	17b	\$0.00
	17b. Car payments for vehicle 2	17c.	\$0.00
	17c. Other. Specify:	17d.	\$0.00
	17d. Other. Specify:	_	·
	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18.	\$0.00
19.	Other payments you make to support others who do not live with you.		
	Specify:	19.	\$0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	е.	
	20a. Mortgages on other property	20a	\$0.00
	20b. Real estate taxes	20b	\$0.00
	20c. Property, homeowner's, or renter's insurance	20c	\$0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$0.00
	20e. Homeowner's association or condominium dues	20e.	\$0.00

Deb	Debtor 1	Mary		Scotto	Case numbe	r (if known)
		First Name	Middle Name	Last Name		
21.	Other. Spe	ecify:			21.	+\$0.00
22.	Calculate y	your monthly expe	enses.			
	22a. Add li	nes 4 through 21.			22a.	\$4,110.00
	22b. Copy	line 22 (monthly e	xpenses for Debtor 2),	f any, from Official Form 106J-2	22b.	\$0.00
	22c. Add lii	ne 22a and 22b. T	he result is your month	y expenses.	22c.	\$4,110.00
23.	Calculate y	your monthly net	income.			
	23а. Сору	line 12 (your comb	pined monthly income)	rom Schedule I.	23a.	\$6,978.00
	23b. Copy	your monthly expe	enses from line 22c abo	ve.	23b.	- \$4,110.00
	23c. Subtra	act your monthly e	xpenses from your mor	thly income.		
	The re	esult is your monti	hly net income.		23c.	\$2,868.00
24.	For examp	· ·le, do you expect :	to finish paying for your	car loan within the year after you to car loan within the year or do you of a modification to the terms of	u expect your	

Fill in this informatio	n to identify your case	:			
Debtor 1	Mary		Scotto		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name	_	
United States Bank	cruptcy Court for the:	E	astern District of New York		
Case number (if known)					Check if the amended f

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

ort 1: Summarize Your Assets	
	Your assets
	Value of what you own
Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from Schedule A/B	\$0.0
1b. Copy line 62, Total personal property, from Schedule A/B	\$15,500.0
1c. Copy line 63, Total of all property on Schedule A/B	\$15,500.0
rt 2: Summarize Your Liabilities	
	Your liabilities
	Amount you owe
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$0.0
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$3,500.0
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	<u> </u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$8,219.0
Your total liabilities	\$11,719.0
Int 3: Summarize Your Income and Expenses	
Schedule I: Your Income (Official Form 106I)	
Copy your combined monthly income from line 12 of Schedule I	\$6,978.0
Schedule J: Your Expenses (Official Form 106J)	
Copy your monthly expenses from line 22c of Schedule J	\$4,110.0

Debtor 1	Mary		Scotto		Case number (if known))		
	First Name	Middle Name	Last Name		o doo nambor (a mion,	·		
Part 4:	Answer These Quest	ions for Administr	ative and Statistical Records					
6. Are yo	u filing for bankruptcy un	der Chapters 7, 11, or	13?					
 □ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. ☑ Yes 								
Yo far	mily, or household purpose	nsumer debts. Consult." 11 U.S.C. § 101(8).	mer debts are those "incurred by an indiving Fill out lines 8-9g for statistical purposes a have nothing to report on this part of the	s. 28 U.S.0	C. § 159.			
8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.						\$0.00		
9. Copy t	he following special cateલ્	gories of claims from	Part 4, line 6 of Schedule E/F:	,	Fotal claim			
Froi	m Part 4 on Schedule E/F,	copy the following:						
9a. D	Oomestic support obligation	s (Copy line 6a.)			\$0.00			
9b. T	axes and certain other deb	ots you owe the govern	nment. (Copy line 6b.)		\$0.00			
9c. C	claims for death or persona	l injury while you were	e intoxicated. (Copy line 6c.)		\$0.00			
9d. S	student loans. (Copy line 6)	·.)			\$0.00			
	bligations arising out of a s aims. (Copy line 6g.)	separation agreement	or divorce that you did not report as pric	ority	\$0.00			
9f. D	ebts to pension or profit-sh	aring plans, and other	similar debts. (Copy line 6h.)	+	\$0.00			
9g. T	iotal. Add lines 9a through	9f.			\$0.00			

Debtor 1	Mary		Scotto	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)				
(Spouse, il lilling)	First Name	Middle Name	Last Name	
United States Bank	kruptcy Court for the:	E	astern District of New York	
Case number				☐ Check if this is ar
(if known)	-			amended filing

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Cian Balana	
Sign Below	
Did you pay or agree to pay someone who is NOT an attorney	to help you fill out bankruptcy forms?
☑ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of periury I declare that I have read the summa	ary and schedules filed with this declaration and that they are true and correct.
,	.,,,
X /s/ Mary Scotto	
Mary Scotto, Debtor 1	
Date 03/07/2024	
MM/ DD/ YYYY	

☐ Check if this is an amended filing
s Filing for Bankruptcy
rite your name and case number (if known). Answer every
ow.
Dates Debtor 2 live there
Dates Debtor 2 liv
Dates Debtor 2 liven there ebtor 1
Dates Debtor 2 liventhere ebtor 1
Dates Debtor 2 live there ebtor 1
Dates Debtor 2 live there ebtor 1
Dates Debtor 2 live there Same as Debtor 1 From To State ZIP Code
Dates Debtor 2 live there Same as Debtor 1 From To State ZIP Code
Dates Debtor 2 live there Same as Debtor 1 From
е

Official Form 107

Scotto Debtor 1 Mary Case number (if known) ___ First Name Middle Name Last Name Part 2: Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. **☑** No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross Income** Sources of income **Gross Income** Check all that apply. (before deductions and Check all that apply. (before deductions and exclusions) exclusions) ■ Wages, commissions, ■ Wages, commissions, From January 1 of current year until the bonuses, tips bonuses, tips date you filed for bankruptcy: Operating a business Operating a business For last calendar year: ■ Wages, commissions, Wages, commissions, bonuses, tips bonuses, tips (January 1 to December 31, 2023 Operating a business Operating a business ■ Wages, commissions, ■ Wages, commissions, For the calendar year before that: bonuses, tips bonuses, tips (January 1 to December 31, 2022 Operating a business Operating a business 5. Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. **√** No Yes. Fill in the details. Debtor 2 Debtor 1 Sources of income **Gross income from** Sources of income **Gross Income from** each source each source Describe below. Describe below. (before deductions and (before deductions and exclusions) exclusions) From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31, 2023 For the calendar year before that: (January 1 to December 31, 2022

Debtor 1 Mary Scotto Case number (if known) _ First Name Middle Name Last Name Part 3: List Certain Payments You Made Before You Filed for Bankruptcy 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more? No. Go to line 7. ☐ Yes. List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Was this payment for... Dates of Total amount paid Amount you still owe payment ■ Mortgage Creditor's Name ☐ Car Credit card Number Street Loan repayment ☐ Suppliers or vendors Other ___ City State ZIP Code 7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. **√**No. Yes. List all payments to an insider. Dates of Total amount paid Amount you still Reason for this payment payment owe Insider's Name Number Street City State ZIP Code

Debtor 1 Mary Scotto Case number (if known) ___ First Name Middle Name Last Name 8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. **√**No ☐ Yes. List all payments that benefited an insider. Dates of Total amount paid Amount you still Reason for this payment payment owe Include creditor's name Insider's Name Number ZIP Code City State Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. **√** No Yes. Fill in the details. Status of the case Nature of the case Court or agency Pending Case title __ On appeal Court Name ☐ Concluded Number Street Case number -ZIP Code City State 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. ☐ Yes. Fill in the information below.

Creditor's Name Describe the property Date Value of the property	otor 1	Mary		Scotto	Case number (if known)
Creditor's Name Number Street		First Name	Middle Name	Last Name	
Explain what happened Property was repossessed. Property was repossessed. Property was repossessed. Property was garnished. Property was garnished. Property was attached, seized, or levied.				Describe the property	Date Value of the property
Explain what happened Property was repossessed. Property was foreclosed. Property was foreclosed. Property was desized, or levied.					
Property was repossessed. Property was foreclosed. Property was foreclosed. Property was garnished. Property was attached, seized, or levied. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts o fuse to make a payment because you owed a debt? No Yes. Fill in the details. Describe the action the creditor took Date action was Amount taken	Creditor's N	ame			
Property was repossessed. Property was foreclosed. Property was foreclosed. Property was garnished. Property was garnished. Property was attached, seized, or levied.					
Property was foreclosed. Property was garnished. City	Number	Street			
Property was garnished. Property was attached, seized, or levied.					
Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts of tuse to make a payment because you owed a debt? Mo Yes. Fill in the details. Describe the action the creditor took Date action was Amount taken					
I. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts of fuse to make a payment because you owed a debt? Ves. Fill in the details. Describe the action the creditor took Date action was Amount taken					
Figure 1 of the details. Describe the action the creditor took Date action was Amount taken Creditor's Name Number Street City State ZIP Code Last 4 digits of account number: XXXX———— 2. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a count-oppointed receiver, a custodian, or another official? No Yes 1 List Certain Gifts and Contributions 3. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?	City	Sta	ate ZIP Code	Property was attached, seized, or	r levied.
Creditor's Name Number Street City State ZIP Code Last 4 digits of account number: XXXX———— 2. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-oppointed receiver, a custodian, or another official? 1 No 1 Yes 1 List Certain Gifts and Contributions 3. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? 1 No	√ No		saude you enou a c		Date action was Amount
Number Street City State ZIP Code Last 4 digits of account number: XXXX─────────────────────────────────				Describe the action the creditor took	
Last 4 digits of account number: XXXX-———— 2. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-pointed receiver, a custodian, or another official? No Yes 1. List Certain Gifts and Contributions 3. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?	Creditor's N	ame			
Last 4 digits of account number: XXXX-———— 2. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-pointed receiver, a custodian, or another official? No Yes 1. List Certain Gifts and Contributions 3. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?					
Last 4 digits of account number: XXXX—————————————————————————————————	Number	Street			
Last 4 digits of account number: XXXX—————————————————————————————————					
opointed receiver, a custodian, or another official? ✓ No ✓ Yes List Certain Gifts and Contributions 3. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ✓ No	City	Stat	te ZIP Code	Last 4 digits of account number: XXXX	
3. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?	ppointed re ✓ No				of an assignee for the benefit of creditors, a court-
☑ No	rt 5: Lis	st Certain Gifts	and Contributio	ns	
Yes. Fill in the details for each gift.		years before you	filed for bankruptc	y, did you give any gifts with a total value of ı	more than \$600 per person?
	Yes. Fi	II in the details for	each gift.		

ebtor 1	Mary	Scotto	. Case number (if know	vn)
	First Name Mid	ddle Name Last Name	,	
Gifts with per pers	th a total value of more that son	n \$600 Describe the gifts	Dates you gave the gifts	Value
Person to	Whom You Gave the Gift			
Number	Street			
City	State ZI	P Code		
Person's	relationship to you			
14. Within 2	2 years before you filed for	bankruptcy, did you give any gifts or contributions	with a total value of more than \$60	00 to any charity?
√ No				
Yes. F	Fill in the details for each gift	or contribution.		
	contributions to charities al more than \$600	Describe what you contributed	Date you contributed	Value
		_		
Charity's N	lame			
		_		
Number	Street			
City	State ZIP Code	, -		
art 6: Li	st Certain Losses			
art o. Li				
5. Within	1 year before you filed for b	eankruptcy or since you filed for bankruptcy, did yo	u lose anything because of theft, fi	re, other disaster, or
5. Within	1 year before you filed for b	ankruptcy or since you filed for bankruptcy, did yo	u lose anything because of theft, fi	re, other disaster, or
15. Within gambling?	1 year before you filed for b Fill in the details.	ankruptcy or since you filed for bankruptcy, did yo	u lose anything because of theft, fi	re, other disaster, or
15. Within 2 gambling? No Yes. F			Date of your loss ending	re, other disaster, or Value of property lost
15. Within agambling? ☑ No ☑ Yes. F	Fill in the details.	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pe	Date of your loss ending	

Debtor 1	Mary	Sc	otto	Case number (if kno	own)
			st Name	·	,
Part 7: L	ist Certain Payments	or Transfers			
about seel	king bankruptcy or prepa	ring a bankruptcy petitio	anyone else acting on your behalf p 1? counseling agencies for services req		to anyone you consulted
_					
Yes.	Fill in the details.				
	ice of Thomas A. Farinella	ı, PC	alue of any property transferred	Date payment or transfer was made	Amount of payment
Person W	/ho Was Paid	Attorney's Fee		3/7/2024	\$0.00
	dison Avenue 8th Floor			3/1/2024	Ψ0.00
Number	Street				
New Yo	rk, NY 10016				
City	State ZIP Co	ode			
Email or v	vebsite address				
Person W	/ho Made the Payment, if Not	You			
help you d	1 year before you filed fo leal with your creditors or lude any payment or trans	to make payments to yo		ay or transfer any property	to anyone who promised to
✓ No					
Yes.	Fill in the details.				
		Description and v	alue of any property transferred	Date payment or transfer was made	Amount of payment
Person W	/ho Was Paid				
Number	Street				
City	State ZIP Co	ode			
ordinary c Include bo Do not incl	ourse of your business o	r financial affairs? ansfers made as security	ell, trade, or otherwise transfer any particles (such as the granting of a security into this statement.		
fficial Form	107	Statement of Fir	ancial Affairs for Individuals Filing t	for Bankruptcy	page 7

Debtor 1 Mary Scotto Case number (if known) _ First Name Middle Name Last Name Describe any property or payments Description and value of property Date transfer was transferred received or debts paid in exchange made Person Who Received Transfer Number Street ZIP Code State Person's relationship to you -19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) Yes. Fill in the details. Description and value of the property transferred Date transfer was made Name of trust ___ Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. **✓** No Yes. Fill in the details. Last 4 digits of account number Type of account or Date account was Last balance instrument closed, sold, moved, or before closing or transferred transfer Name of Financial Institution XXXX--☐ Checking Savings Number Street ☐ Money market Brokerage Other __ City **ZIP Code** State 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? **✓** No Yes. Fill in the details.

First Name Middle Name Last Name Who else had access to it? Describe the Name of Financial Institution Name Number Street Number Street City State ZIP Code 2. Have you stored property in a storage unit or place other than your home within 1 year before your storage and the state of the	Case number (if known) he contents Do you still have it? No Yes
Name of Financial Institution Name Number Street City State ZIP Code	it? □ No
Number Street City State ZIP Code	
Number Street City State ZIP Code	
City State ZIP Code	
City State ZIP Code	
City State ZIP Code	
City State ZIP Code	
City State ZIP Code	
. Have you stored property in a storage unit or place other than your home within 1 vear before v	
Have you stored property in a storage unit or place other than your home within 1 year before	
, , , , , , , , , , , , , , , , , , , ,	you filed for bankruptcy?
√INo	
Yes. Fill in the details.	
Who else has or had access to it? Describe the	he contents Do you still have
	it?
	□No
Name of Storage Facility Name	Yes
Number Street Number Street	
City State ZIP Code	
City State ZIP Code	
rt 9: Identify Property You Hold or Control for Someone Else	
b. Do you hold or control any property that someone else owns? Include any property you borrow	wed from, are storing for, or hold in trust for some
☑ No	
Yes. Fill in the details.	
Where is the property? Describe the	he property Value
Oumor's Name	
Owner's Name Number Street	
Number Street	
Number Street	
Number Street	
Number Street	
Number Street Number Street	
Number Street Number Street City State ZIP Code	

Debtor 1 Mary Scotto Case number (if known) _ First Name Middle Name Last Name Part 10: Give Details About Environmental Information For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? **√**No Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Number Street Street City State **ZIP Code** City State **ZIP Code** 25. Have you notified any governmental unit of any release of hazardous material? **✓** No Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State ZIP Code City State **ZIP Code** 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. **√**No Yes. Fill in the details.

	Mary		Scotto		Case number (if k	nown)
	First Name	Middle Name	Last Name			, <u> </u>
		Cour	rt or agency	Nature of the ca	se	Status of the case
Case title —		Court I	Nama			Pending
		Court	Name			On appeal
		Numbe	er Street			Concluded
		Numbe	a Sueet			
Case number		City	State ZIP Co	de		
rt 11: Giv	e Details Abo	ut Your Busines	ss or Connections to	Any Business		
•	•	•		ss or have any of the foll	_	ny business?
				r activity, either full-time o	· part-time	
A me	ember of a limited	d liability company	(LLC) or limited liability p	partnership (LLP)		
☐ A pa	artner in a partnei	rship				
🔲 An o	officer, director, or	r managing execut	ive of a corporation			
🔲 An o	owner of at least s	5% of the voting or	r equity securities of a cor	rporation		
√ No. Non∈	e of the above ap	pplies. Go to Part 1:	2.			
			e details below for each b	nusiness		
_ 100. One	ok all triat apply t		scribe the nature of the b		Empleyer Identification	w.umah.au
			cribe the nature of the b		Employer Identification Do not include Social S	ecurity number or ITIN.
Name					EIN:	
					EIN:	
Number St	Street	Nan	ne of accountant or bool	kkeeper	Dates business existed	
					From To	0
	State	ZIP Code				
	State	ZIP Code				
City						
s. Within 2 ye		filed for bankrupto	y, did you give a financi	al statement to anyone a	oout your business? Inc	clude all financial institutions
3. Within 2 ye editors, or o	ears before you to ther parties.	filed for bankrupto	cy, did you give a financi	al statement to anyone a	oout your business? Ind	clude all financial institutions
3. Within 2 ye editors, or o	other parties.	·	ey, did you give a financi	al statement to anyone a	oout your business? Ind	clude all financial institutions
B. Within 2 yes editors, or o		·	cy, did you give a financi	al statement to anyone a	oout your business? Ind	clude all financial institutions
. Within 2 ye editors, or o	other parties.	DW.	cy, did you give a financi	al statement to anyone a	oout your business? Ind	clude all financial institutions
B. Within 2 yes editors, or o	other parties.	DW.		al statement to anyone a	oout your business? Ind	clude all financial institutions
3. Within 2 yes editors, or o	other parties.	Date		al statement to anyone a	oout your business? Ind	clude all financial institutions
B. Within 2 ye editors, or o MNo Yes. Fill in	other parties.	Date	e issued	al statement to anyone a	oout your business? Ind	clude all financial institutions
B. Within 2 ye editors, or o	other parties.	Date	e issued	al statement to anyone a	oout your business? Ind	clude all financial institutions
B. Within 2 yes reditors, or o	other parties.	Date	e issued	al statement to anyone a	oout your business? Ind	clude all financial institutions
B. Within 2 yes reditors, or o	other parties.	Date	e issued	al statement to anyone a	oout your business? Ind	clude all financial institutions

Debtor 1	Mary		Scotto	Case number (if known)
	First Name	Middle Name	Last Name	
Part 12: Si	ign Below			
				s, and I declare under penalty of perjury that the answers are true
				otaining money or property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.
barna aptoy		.cc up to 4200,000, or	inprisonment for up to 20 ye	33 102, 1010, 1010, 1010, 1010, 1010
~				
	ary Scotto		<u> </u>	
Signat	ture of Mary Scotto, I	Debtor 1		
_				
Date _	03/07/2024	_		
Did you atta	ch additional pages	to your Statement of Fi	nancial Affairs for Individua	als Filing for Bankruptcy (Official Form 107)?
√ No				
Yes				
	or agree to pay som	eone who is not an atte	orney to help you fill out ba	nkruptcy forms?
√ No				
				Attach the Bankruptcy Petition Preparer's Notice,
LYes. Na	ame of person			Declaration, and Signature (Official Form 119).

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of New York

In re	S	Scotto, Mary						
					Case No		_	
Debte	or	Chapter 13						
			DISCLOSURE O	F COMPENSATION	OF ATTORNEY F	OR DEBTOR		
1.	com	npensation paid to	o me within one year be	eankr. P. 2016(b), I certify the efore the filing of the petition of or in contemplation of or incomplete the contemplation o	on in bankruptcy, or ag	greed to be paid to	me, for services rendered	
	For	legal services, I h	have agreed to accept			<u> </u>	\$3,500.00	
	Prio	or to the filing of th	nis statement I have re	ceived		<u> </u>	\$0.00	
	Bala	ance Due				<u> </u>	\$3,500.00	
2.	The	source of the co	mpensation paid to me	e was:				
	\(Debtor	Other (specify)					
3.	The	source of compe	ensation to be paid to n	me is:				
	$ \sqrt{} $	Debtor	Other (specify)					
4.		I have not agree firm.	ed to share the above-d	disclosed compensation wit	th any other person ur	nless they are men	nbers and associates of my	
		=		osed compensation with a rwith a list of the names of			embers or associates of my	
5.	In re	eturn for the abov	ve-disclosed fee, I have	e agreed to render legal se	rvice for all aspects of	the bankruptcy ca	ase, including:	
	a.	 Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; 						
	b.	Preparation and	d filing of any petition, s	schedules, statements of a	ffairs and plan which i	may be required;		
	c.	Representation	of the debtor at the me	eeting of creditors and con	firmation hearing, and	l any adjourned he	earings thereof;	
6.	Вуа	agreement with th	ne debtor(s), the above	e-disclosed fee does not inc	clude the following ser	rvices:		

B2030 (Form 2030) (12/15)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

03/07/2024

/s/ Thomas A. Farinella

Date

Thomas A. Farinella
Signature of Attorney

Bar Number: TF8309 Law Office of Thomas A. Farinella, PC Law Office of Thomas A. Farinella, PC 260 Madison Avenue 8th Floor New York, NY 10016 Phone: (917) 319-8579

Law Office of Thomas A. Farinella, PC

Name of law firm

Fill in this information	on to identify your cas	se.		Check as directed in lines 17 and 21:
Debtor 1	Mary First Name	Middle Name	Scotto Last Name	According to the calculations required by this Statement: 1. Disposable income is not determined
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	under 11 U.S.C. § 1325(b)(3). □ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
United States Bankruptcy Court for the: Case number (if known)		E	astern District of New Yo	3. The commitment period is 3 years. ✓ 4. The commitment period is 5 years.
Official Forn	n 122C-1			☐ Check if this is an amended filing
Chapter 1	3 Stateme	ent of You	r Current M	Ionthly Income

and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Pa	rt 1: Calculate Your Average Monthly Income								
1.	What is your marital and filing status? Check one only. ✓ Not married. Fill out Column A, lines 2-11. ☐ Married. Fill out both Columns A and B, lines 2-11.								
va ex	Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case.11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.								
				Column A Debtor 1		Column B Debtor 2 or non-filing spouse			
2.	Your gross wages, salary, tips, bonuses, overtime, and copayroll deductions).	ommissions (bef	ore all		\$0.00				
3.	Alimony and maintenance payments. Do not include payments.	nents from a spou	use.		\$0.00				
4.	All amounts from any source which are regularly paid for your dependents, including child support. Include regular unmarried partner, members of your household, your deper roommates. Do not include payments from a spouse. Do not on line 3.	contributions from	m an and		\$0.00				
5.	Net income from operating a business, profession, or farm	Dahtand	Dahtar 0						
	Gross receipts (before all deductions)	\$0.00	\$0.00						
	Ordinary and necessary operating expenses	\$0.00	\$0.00						
	Net monthly income from a business, profession, or farm	\$0.00	ψ0.00	Copy nere →	\$0.00				
6.	Net income from rental and other real property	Debtor 1	Debtor 2						
	Gross receipts (before all deductions)	\$0.00	\$0.00						
	Ordinary and necessary operating expenses	\$0.00	\$0.00						
	Net monthly income from rental or other real property	\$0.00	Ψ0.00	Copy nere →	\$0.00				

Debtor 1	Mary	Scotto		Case nu	umber (if known)	
	First Name	Middle Name Last Name		_	arribor (ii iurown)	
				Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
7. Interest, di	vidends, and royalt	ies		\$0.00	3 4	
8. Unemployr	ment compensation	1		\$0.00		
	•	contend that the amount received was a	a benefit under			
the Social S	Security Act. Instead	I, list it here:	🕽			
			\$0.00			
For you	ur spouse					
under the S include any States Gov death of a r under chap exceed the	Social Security Act. Accompensation, per rernment in connecting the uniformember of the uniformember 61 of title 10, the amount of retired p	Do not include any amount received the Also, except as stated in the next sentent asion, pay, annuity, or allowance paid by on with a disability, combat-related injury remed services. If you received any retire an include that pay only to the extent that ay to which you would otherwise be entitother than chapter 61 of that title.	nce, do not the United y or disability, or ed pay paid t it does not	\$0.00		
not include a victim of terrorism; States Go death of a	e any benefits received a war crime, a crime or compensation, powernment in connective.	s not listed above. Specify the source a yed under the Social Security Act; payme against humanity, or international or dension, pay, annuity, or allowance paid bettien with a disability, combat-related injured services. If necessary, list other sal below.	ents received as omestic by the United ry or disability, or			
Total amou	nts from separate pa	ages, if any.		+	+	
		monthly income. Add lines 2 through 10) for each	\$0.00	+	= \$0.00
column. T	hen add the total for	Column A to the total for Column B.				Total average
						monthly income
Part 2: Dete	ermine How to M	easure Your Deductions from Ind	come			
12. Copy you	r total average mon	thly income from line 11				\$0.00
13. Calculate	the marital adjustm	nent. Check one:				
_	not married. Fill in 0					
_		ouse is filing with you. Fill in 0 below.				
_	, ,	ouse is not filing with you.				
Fill in the	amount of the incore	me listed in line 11, Column B, that was yment of the spouse's tax liability or the				
	pecify the basis for each	excluding this income and the amount of	income devoted to	each purpose. If neces	ssary, list	
	iustment does not a					
				<u> </u>		
				(*0.00		# 2.22
Total			_	\$0.00 Cop	by here. $ ightarrow$	\$0.00
14. Your curre	ent monthly income	e. Subtract the total in line 13 from line 1.	2.			\$0.00

Debtor 1	Mary		Scotto	Case number (if known)		
	First Name	Middle Name	Last Name			
	•	thly income for the year.	•			
						\$0.00
Mul	tiply line 15a by 12 (the number of months in	a year).		x 12	
15b. Th	e result is your curre	ent monthly income for the	year for this part of t	the form		\$0.00
16. Calculate	e the median family	income that applies to ye	ou. Follow these step	os:		
16a. Fill	in the state in which	n you live.	_			
16b. Fill	in the number of pe	eople in your household.	_	1		
16c. Fill	in the median family	y income for your state an	d size of household.			
		le median income amount n. This list may also be ava		e link specified in the separate tcy clerk's office.		
17. How do 1	the lines compare?					
17a. 🗆	Line 15b is less th U.S.C. § 1325(b)(nan or equal to line 16c. C	n the top of page 1 c	of this form, check box 1, <i>Disposable income is not dete</i> f Your Disposable Income (Official Form 122C–2).	rmined under 11	
17b. 🔽	Line 15b is more 1325(b)(3). Go to	than line 16c. On the top	of page 1 of this form	n, check box 2, <i>Disposable income is determined under</i> sable Income (Official Form 122C-2). On line 39 of that	11 U.S.C. § form, copy your	
Part 3: Cal	•	mitment Period Unde		5(b)(4)		
18. Copy yo	ur total average mo	nthly income from line 11				\$0.00
calculatir				e is not filing with you, and you contend that to deduct part of your spouse's income, copy the		
19a. If the	marital adjustment	does not apply, fill in 0 on	line 19a			\$0.00
19b. Subt	ract line 19a from li	ne 18.				\$0.00
20. Calculate	e your current mont	thly income for the year.	-ollow these steps.			
20a. Copy	line 19b					\$0.00
Multip	ly by 12 (the numbe	er of months in a year).			x 12	
20b. The re	esult is your current i	monthly income for the ye	ar for this part of the	form.		\$0.00
20c. Copy	the median family in	come for your state and s	ze of household from	n line 16c		
21. How do 1	the lines compare?					
		0c. Unless otherwise orde 3 years. Go to Part 4.	red by the court, on	the top of page 1 of this form, check box 3,		
1 Line 20) Ob is more than or ed	•		he court, on the top of page 1 of this form,		
Part 4: Sign	n Below					
By signing	here, under penalty	y of perjury I declare that t	he information on thi	s statement and in any attachments is true and correct.		
X <u>/s</u>	s/ Mary Scotto					
Siç	gnature of Debtor 1					
Da	ote 03/07/2024 MM/ DD/ YYYY					
		III out or file Form 122C–2 rm 122C–2 and file it with		of that form, copy your current monthly income from lin-	e 14 above.	

IN THE UNITED STATES BANKRUPTCY COURT **EASTERN DISTRICT OF NEW YORK BROOKLYN DIVISION**

IN RE: Scotto, Mary	CASE NO	

CHAPTER 13

		VERIFICATION OF CREDITOR MATRIX			
The	above named Debto	r hereby verifies that the attache	ed list of creditors is true and correct to the best of his/her knowledge.		
Date _	03/07/2024	Signature	/s/ Mary Scotto		
			Mary Scotto Debtor		

Citibank/The Home Depot Citicorp Cr Srvs/Centralized Bankruptcy

PO Box 790040 St Louis, MO 63179-0040

GROSS POLOWY, LLC

1775 Wehrle Drive Suite 100 Williamsville, NY 14221

Kohl's

Attn: Credit Administrator PO Box 3043 Milwaukee, WI 53201-3043

Law Office of Thomas A. Farinella, PC Law Office of Thomas A. Farinella, PC 260 Madison Avenue 8th Floor New York, NY 10016

Mr. Cooper 8950 Cypress Waters Blvd. Dallas, TX 75019

Regions | EnerBank USA Attn: Bankruptcy Attn: Bankruptcy 650 S Main st , Ste 1000 Salt Lake City, UT 84101

Rushmore Loan Management Servicing PO BOX 514707 Los Angeles, CA 90051

Synchrony Bank/TJX

Attn: Bankruptcy PO Box 965060 Orlando, FL 32896

Target NB C/O Financial & Retail Services Mailstop BT PO Box 9475 Minneapolis, MN 55440

Wells Fargo Bank NA PO Box 14411 Des Moines, IA 50306